

Participant/Parent/Guardian Signature: ___

Barrington Recreation Program Registration Form (603) 664-5224 RecDept@metrocast.net

105 Ramsdell Lane Barrington, NH 03825

Mailing Address: P.O. Box 660 Barrington, NH 03825

PARTICIPANTS 18 YEARS OF AGE AND OVER: Please fill out sections 1, 2, 5, 6 & 8

Desired Desire	PARTICIPANTS UNDER 18 TEARS OF	Tion in our sections it all ought o	
1 Program Registration Information			
	Program Name:		
		RTMENT Mail to: P.O. Box 660 Barrington, NH 03825	
Office Use Only Date Received	!: / / Total Paid: \$	check# or cash (circle) rec'd by:	
2 Participant Information			
Participant Name:		E-mail:	
Mailing Address:		Phone #:	
Town:	State: Zip Code:		
3 Minor Child information			
Birth Date:	Age: Current Gra	ade: Gender: M / F	
·			
Shirt Size <i>(circle one</i>): YS(6/8) YM(10/12)	YL(14/16) AS AM AL AXL	
Additional Information:			
4 Parent/Guardian Information			
Parent/Guardian:		E-mail:	
Mailing Address:		Home Phone #:	
Town:	State: Zip Code:	Work Phone #:	
		Cell Phone #:	
5 Medical Information/Emergency Co	entact Information		
Participant's Doctor:		Phone #:	
Participant's Doctor:			
Medical Info/Conditions/Allergies:		Phone #:	
Emergency Contact (other than self, pare		Phone#: Relationship:	
Emorgonoy contact (cancer and confipulation			
6 Photo Release Authorization			
Occasionally, photographs or video will	be taken of the particpant in this program. The	nese photographs or videos may be selected for use in town and/or recreation	
		fy participant by name or release any other personal information.	
(check one)	GIVE MY PERMISSION or I DO NO	OT GIVE MY PERMISSION for participant to be photographed.	
, ,			
7 Parent/Guardian Involvement (IF A	PPLICABLE TO PROGRAM)		
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		gh parents/guardians volunteer, this program will be in danger of cancellation.	
	<u>SARY</u> for anyone wishing to coach - several tra L EASE VOLUNTEER FOR ONE OR MORE	aining sessions are provided for gameplay and coaching techniques.	
	g team effort, skills and play as well as keeping p		
Assistant COACH (Assist coach wit	h assigned team)		
Field/Gym Supervisor (Has first aid	d kit/Makes sure equipment is put away/Report	ts any problems or concerns to Recreation Department	
8 Liability Release Waiver and Author			
The above named participant or minor child in sect	tion 1 of this form (hereafter "participant") has p	permission to participate in the activities of the Barrington Recreation Departme	:nt
(hereafter "TOWN"). This permission slip is valid to	for one year unless it is revoked earlier in writin	ng by the parent/guardian. I understand and accept that the activities of the Tov	wn
involve strenuous athletic pursuits that include, but	are not ilmited to, the risk of physical contact,	, physical injury and other inherent risks. In consideration of the above named	
participant being permitted to participate in the acti	ivities of the Town, in consideration of the instru	uction the participant is to receive and for other valuable consideration, I hereby	у
agree on behalf of myself and the above named no	articipant to idemnify and hold the Town of Rem	rington and all their officers, agents, employees, coaches and volunteers harml	less
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from and against any and all claims of any sort who	atsoever arising out of or in connection with the	e above named child's participation in Town activities.	
	LY TO ANY CLAIMS ARISINT FROM OR THR	ROUGH THE NEGLIGENCE OF THE TOWN OR IT'S OFFICERS, AGENTS,	
EMPLLOYEES, COACHES AND VOLUNTEERS.	,		.
, , , , , , , , , , , , , , , , , , , ,	9 9 1 9	ove named child, permission is hereby given to administer such first aid as deemed necessary. Fundorstand	
permission is given to allow medical services to be performed the cost of all emergency services is my responsibility. Any ex		as deemed necessary in an emergency, including surgery if reasonably necessary. I understand in must be detailed and initialed in the space provided below:	เกลเ
and door of all emergency services is my responsibility. Ally ex	copaons or resulctions imposed by the parent or guardian	ттазг во изганов ани инишеви ит ите зраве ргомиси встом.	
Pysigning holow Looknowledge that I	have read and understand this Degistration for	rm and the Liability Release Waiver and Authorization noted in section 8.	
by signing below, I acknowledge that I		ge and I agree to abide and be bound by this document.	

Date: _____